

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

Do not use this space.

32558

1. PLACE OF DEATH

County..... Registration District No. 701
Township..... Primary Registration District No. 785
City..... (No. 1947 A E Fallon) St. Ward)

File No.
Registered No. 9367
St. Ward)

2. FULL NAME

(a) Residence. No. Rosalie Sperandio St. Ward. 21

(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Widowed

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Joseph Sperandio

6. DATE OF BIRTH (MONTH, DAY AND YEAR) Feb 14, 1868

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
63 6 20

8. OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work Housework
(b) General nature of industry, business, or establishment in which employed (or employer) at home
(c) Name of employer

9. BIRTHPLACE (CITY OR TOWN)

(STATE OR COUNTRY) Italy
10. NAME OF FATHER Luigia Giambrose
11. BIRTHPLACE OF FATHER (CITY OR TOWN) (STATE OR COUNTRY) Italy
12. MAIDEN NAME OF MOTHER Unknown
13. BIRTHPLACE OF MOTHER (CITY OR TOWN) (STATE OR COUNTRY) Italy

14. INFORMANT Rosalie Sperandio
(Address) 1947 A E Fallon

15. FILED 1918 May C. Starkey REGISTRAR

MEDICAL CERTIFICATE OF DEATH

16. DATE OF DEATH (MONTH, DAY AND YEAR) Sept. 4 1931

17. I HEREBY CERTIFY, That I attended deceased from Aug 29 1931, to Sept 3 1931, and that I last saw him alive on Sept 3 1931, and that death occurred, on the date stated above, at 2 15 p.m.

THE CAUSE OF DEATH* WAS AS FOLLOWS:

Oedema of lungs.
Anaemia Secondary
Arteriosclerosis of Stomach.
448 (duration) yrs. 3 mos. ds.

CONTRIBUTORY (SECONDARY) 1118 (duration) yrs. mos. ds.

18. WHERE WAS DISEASE CONTRACTED? Italy
IF NOT AT PLACE OF DEATH

19. DID AN OPERATION PRECEDE DEATH? No, DATE OF

WAS THERE AN AUTOPSY? No

WHAT TEST CONFIRMED DIAGNOSIS —
(Signed) Paul H. Webb M. D.
. 19 (Address) Chemical Bldg.

*State the DISEASE CAUSING DEATH, or in deaths from VIOLENT CAUSES, state (1) MEANS AND NATURE OF INJURY, and (2) Whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.

19. PLACE OF BURIAL, CREMATION, OR REMOVAL Calvary DATE OF BURIAL Sept 7 1931

20. UNDERTAKER Bennick Hickman ADDRESS 1138 No. 6

WRITE PLAINLY, WITH UNFADING INK---THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

Rev. Fred H. Cobbe
Chemical Bldg. 1507